

159309

HSE. 57 401 179 331



**Receipt for  
Certified Mail**

No Insurance Coverage Provided

Paul Sauget  
2897 Falling Springs Road  
Sauget, IL 62206

PS Form 3800, June 1991

Postage	\$ 98
Certified Fee	100
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	100
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 298
Postmark or Date	DEC 10 1994

Sauget & not 104

PAUL SAUGET

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**3. Article Addressed to:**

Paul Sauget  
2897 Falling Springs Road  
Sauget, IL 62206

**5. Signature (Addressee)**

**6. Signature (Agent)**

Beth Wilson

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**4a. Article Number**

P 401 179 931

**4b. Service Type**

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

**7. Date of Delivery**

12-19-94

**8. Addressee's Address (Only if requested and fee is paid)**

Thank you for using Return Receipt Service.